



053106

**COMMONWEALTH OF KENTUCKY
TELECOMMUNICATIONS RELAY SERVICE FUND
TELECOMMUNICATIONS ACCESS PROGRAM FUND**

Date _____

Reporting Month _____

Carrier Information	
Company Name	
Company Address	
Telephone / Fax	
Vendor Number	

Classification Please Circle One	ILEC	CLEC
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Monthly Access Line Data	
1.	Total Access Lines in Service.....
2.	TRS Surcharge Per Access Line..... <u>\$0.07</u>
3.	Amount of TRS Surcharge Remitted to Fund
4.	TAP Surcharge Per Access Line..... <u>\$0.02</u>
5.	Amount of TAP Surcharge Remitted to Fund.....

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

JPMorgan Chase GP# 204519 / 204690
ATTN: Joseph A. Morales AVP.
Escrow Admin. 15th Floor
4 New York Plaza
New York, NY 10004



Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602